

Commonwealth of Kentucky
Department of Housing Buildings & Construction
Manufactured Housing Section
101 Sea Hero Road, Suite 100
Frankfort, KY 40601-5405
Phone: (502) 573-0382 EXT 409
Fax: (502) 573-1004

DEAR SIR,

PLEASE COMPLETE THE ENCLOSED MANUFACTURED HOME
CONSUMER COMPLAINT REPORT FORM AND RETURN IT TO THIS
OFFICE SO WE MAY PROCESS YOUR COMPLAINT.

THIS INFORMATION IS REQUIRED BY THE OFFICE, DEALER AND
MANUFACTURER TO ADEQUATELY DETERMINE IF YOUR CLAIM
OR REQUEST FALLS WITHIN OUR SCOPE OF JURISDICTION.

SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS FORM
OR REQUIRE FURTHER CLARIFICATION, PLEASE CONTACT THIS
OFFICE AT THE ABOVE NUMBER.

SINCERELY,

A handwritten signature in black ink, appearing to read "Harry Rucker". The signature is fluid and cursive, with the first name "Harry" and last name "Rucker" clearly distinguishable.

HARRY RUCKER, CHIEF
MANUFACTURED HOUSING

DC: en

ENCLOSURE

PROCESS OF CONSUMER COMPLAINTS

1. WE ACCEPT COMPLAINTS FROM ANY SOURCE:
CONSUMER, ATTORNEY GENERAL'S OFFICE, DEALER,
MANUFACTURER, ETC.
2. UPON REQUEST WE MAIL OR FAX A CONSUMER'S
COMPLAINT FORM TO THE HOMEOWNER.
3. UPON RETURN OF THE COMPLAINT, A SUB PART I
LETTER IS FABRICATED. A COPY OF THE COMPLAINT
AND LETTER ARE MAILED TO ALL PARTIES
INVOLVED: CONSUMER, DEALER AND
MANUFACTURER.
4. AFTER TWENTY WORKING DAYS, AND UPON
REQUEST OF ANY OF THE PARTIES, AN INSPECTION
REQUEST IS FORWARDED TO THE INSPECTOR FOR
THE COUNTY OF RESIDENCE OF THE CONSUMER. HE
WILL CONTACT THE CONSUMER, DEALER, CERTIFIED
INSTALLER AND MANUFACTURER TO SET UP A JOINT
ON-SITE INSPECTION.
5. AN INSPECTION IS ASSIGNED TO THE FIELD
INSPECTOR FOR THAT COUNTY AND HE THEN
ARRANGES A JOINT ON-SITE INSPECTION.
6. A LARGE PERCENTAGE OF THE COMPLAINTS THAT
WE RECEIVE ARE DUE TO POOR SET-UP. WE VERIFY
THAT THE INSTALLER'S CERTIFICATION IS VALID
WHEN AN INSPECTION REPORT IS RETURNED TO THIS
OFFICE.

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CONSUMER COMPLAINT FORM

(Please fill out **ALL** pages of this form and return it to the above address. Thank you.)

CONSUMER INFORMATION:

Name: _____
Last First Spouse

Address: _____
Street City State Zip County

Telephone: _____
(Home) (Work)

DEALER INFORMATION:

Dealer: _____

Address: _____
Street City State Zip

Telephone: _____ Contact/Salesperson: _____

MANUFACTURER INFORMATION:

Manufacturer: _____ Telephone: _____

Address: _____
Street City State Zip

Date of Manufacture: _____ Plant #: _____ HUD Label #: _____ Serial # _____

Home Size: Single ____ Multi ____ Length ____ Width ____ Date Purchased: _____ Delivered: _____

Purchased: New ____ Used ____ Repo ____ Have you move the home from the original site? _____

CERTIFIED INSTALLER INFORMATION:

Installer: _____

Address: _____
Street City State Zip

Telephone: _____ Certification #: _____ Expiration Date: _____

HOME OWNER'S SIGNATURE: _____ Date: _____

Note: All information must be included to process your complaint. Dealer can provide most of the information needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

